Certification Application: Company Profile

Main Signature Submit Utilities Cert List	
NYS OLA TEST VENDOR Type: New MBE Application App #: 9977887	Status: Incomplete Started: 1/2/2020
0% co	nplete
Please answer all questions as completely as possible that are applicable red are required and must be completed in order to submit your application firm mark it as N/A. Questions highlighted in yellow are optional; please obusiness.	n. If a required field is not applicable to your omplete all those that apply to your Required & incomplete Optional & incomplete
* required entry	Complete
Section Questions	
1.A. This business is applying for certification as *	Required
Check one or both categories.	
☐ Minority Business Enterprise (MBE)	
☐ Woman Business Enterprise (WBE)	
1.B. Business Name *	Required
Enter the full legal name of the business. For example, a cor Construction, Inc.", not as "ABC Construction".	poration named ABC Construction, Inc. should be identified as "ABC
1.C. "Doing Business As" (DBA) Name	Optional
Complete if firm does business under an assumed or trade	name that is different from its legal name.
1.D. Business Address *	Required
Must represent a physical location; no PO Box allowed.	
	Address line 1
	Address line 2
	Address line 3
	City
State, Zip, Zip4	
1.E. Mailing Address *	Required
	Address line 1
	Address line 1 Address line 2
	Address line 2 Address line 3
	Addition into 0

	City
- State, Zip, Zip4	
1.F. Business Phone Number *	Required
Ext.	
1.G. Alternate Business Number	Optional
Ext.	
1.H. Fax Number	Optional
1.I. Email Address *	Required
nystestvendor1@b2gnowtestuser.com	
1.J. Website	Optional
1.K. Twitter	Optional
1.L. Facebook	Optional
1.M. Other	Optional
1.N. Federal Employer Identification Number (or SSN) *	Required
A Federal Employer Identification Number is required for mogo to the <u>U.S. Internal Revenue Service website</u> . Sole Propr federal identification number but we strongly advise you to	ost business activities. For an application and/or additional information, rietorships may submit social security number of the owner in lieu of the apply for an EIN.
1.O. Contact Person *	Required
First Name Last Name	Title
1.O. Contact Person Phone Number *	Required
Ext.	
1.P. Name of business' President/Chief Executive Officer/Owner *	Required
First Name Last Name	Title
1.Q. Type of ownership	

1.R. Date t	the business was established *	Required
	If this firm has NOT been in business for at least one year, contact the Division at 518-292-5250 or 212-803-2414 to see should complete the application. We generally require that the business has been in operation for at least one year and file tax returns. (mm/dd/yyyy)	
1.S. Based Sole Propi	d on your business structure are you authorized to do business in the state of NY? (e.g. LLC, LLP, Corporation, rietor) *	Required
	If Yes, enter either the state of incorporation for corporations , state of organization for LLCs , or county of registration for proprietorships and partnerships . O No O Yes	sole
1.T. Did th	e business exist under a different type of business ownership prior to the date indicated above? *	Required
1.U. Metho	If yes, please explain No Yes Od of Acquisition *	Required
	Check all applicable	
	☐ Started new business	
	☐ Bought existing business	
	☐ Inherited business	
	Secured concession	
	Secured franchise	
	☐ Merger or consolidation☐ Other (explain:)	
1.V. Date of	of acquisition	Optional
	(mm/dd/yyyy)	
1.W. Gross	s Receipts *	Required
	Three entries must be made. If this firm has been in business for less than 3 years, complete as applicable and enter 0 revenues for prior year(s). If the firm has no revenues in the last three years, you must provide proof of business activity by a signed contract or purchase order with your application. Year Ending Total Receipts	

This is a "stretchy" table — it will expand as you save lines. <u>To add more lines, save page.</u> To clear a line, delete data from all fields in the line and <u>save page.</u> If the question shading turns grey, the answer is complete. You can ignore any extra blank lines — they will be automatically removed when you submit the application.

1.X. Number of employ	/ees *				Required
	ımber of employees, exclud as more than 300 employ			mployees for any cate	gory, enter 0. If the
Permanent	Temporary/	Seasonal			
Full-time	Full-time				
Part-time	Part-time				
1.Y. In what regions of	New York State are you	villing to conduct ye	our business activit	y? *	Required
Check all th	at apply.				
☐ AII					
or					
☐ New Yo	ork City	Central NY			
☐ Long Is	sland	☐ Southern Tier			
☐ Capitol	Region North Country	☐ Mohawk Valley	,		
☐ Mid-Hu	ıdson				
	Save Draft	Save & Retu	rn to Summary	Cancel	

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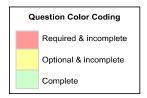
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Certification Application: Ownership Information for Corporation

Please answer all questions as completely as possible that are applicable to your business. Questions highlighted in red are required and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as N/A. Questions highlighted in yellow are optional; please complete all those that apply to your business.

* required entry



	n(s) with ownership intere	est in this business. *				Requi
Name	Position	Gender & Ethnic Group	Citizen	Date of Ownership	Ownership %	Voting %
		Gender	_			
	·	Y		(mm/dd/yyyy)	%	%
		Ethnic Group	-			
		_				
		Gender				
		¥		(mm/dd/yyyy)	%	%
		Ethnic Group				
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y of the business own	ler's fairing members?					Requi
	elow.					
If yes, please explain b	elow.					
	elow.					
	elow.					
O No	elow.					
O No	elow.					
O No O Yes		ed? *				Requi
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No Yes nership changed since	ce the business was create	ed? *				Requi
No Yes Vinership changed sine If yes, please describe No	ce the business was create	ed? *				Requi
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fy holdings of Shareholder	turns grey, the answer i	is complete. You ca	an ignore an	y extra blank line	es they will	be automatically	removed	when you submit	the application.
Shareholder	all shareholders *	Number of Sha	ares	Class			Date (Red
Shareholder	an shareholders	Number of Sha	ares (Class			Date o		Ke
		Number of Sha	ares	Class			Date o		
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This is a "strotch					\$		1		(mm/dd/yyy
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This is a "strate					\$				(mm/dd/yyy
	y" table it will expand a	_			_				
question shading	turns grey, the answer i	is complete. You ca	an ignore an	y extra blank line	es they will	l be automatically	removed	when you submit	the application.
per of shares									Re
If no shares i	n a category, enter 0.								
	Authorized Shares		ares						
Common Sto	ck								
Duefermed Ct									
Preferred Sto									
Total Shares		0	0						
Update total sha	res calculation.								
f current Boar	d of Directors *								Re
Name		Title/Position		Date Appo	ointed		Ethnic	ity	Gend
						(mm/dd/yyyy)		▼

question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

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Certification Application: Commodities and Services

Please answer all questions as completely as possible that are applicable to your business. Questions highlighted in red are required and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as N/A. Questions highlighted in yellow are optional; please complete all those that apply to your business.

Click **Save Draft** frequently to ensure that your information is saved. Once saved, you can return to the section at any time to continue. Some questions may not be shown in this section due to your company type.

Question Color Coding

Required & incomplete

Optional & incomplete

Complete

You must enter at least one NAICS code that best represents your firm's business. Up to 9 additional (optional) NAICS codes can be added to better define your firm's activities.

Click to view the list of documents that you must submit if you are requesting services for your profile or commodity/work codes

* req	uired	entry	,
-------	-------	-------	---

Section Ques	tions				
	ermits or accreditation is re	equired to conduct the b	usiness, please identify *		Required
○ N	ot applicable or no licenses/p	ermits held			
O Y	es Type of License/Permit	Issued By	Issue Date	Expiration Date	Name of License/ Permit Holder
			(mm/dd/yyyy)	(mm/dd/yyyy)	
	This is a "stretchy" table it will	expand as you save lines To	(mm/dd/yyyy)	(mm/dd/yyyy)	all fields in the line and save page. If the
	•	· · ·			ed when you submit the application.
3.B. Business Cat	egories *				Required
Check	all that apply to your firm.				
□ c	onstruction Related	□R	etail		
□м	anufacturer/Supply		onsumer Service		
	ofessional Service		inancial Services		
	oker	□ F	ranchise		
□ Te	echnical Service		ther - explain:		
3.C. Describe prin	cipal products/commoditie	s sold, specialties or se	rvices offered *		Required
			y. Be very specific about wha e been verified during the rev		ces your firm provides. Please note,
	,	<u> </u>		, ''	
3.D.1. Provide the	business' primary North A	merican Industry Classi	fication System (NAICS) nu	mber *	Required

Select Code to search or browse available codes. A pop-up window will display.	
Do not type code into text field; use <u>Select Code</u> lookup.	
Clear Code to remove selection. 3.D.2. Provide the business' Additional North American Industry Classification System (NAICS) n	umber Optional
Select Code to search or browse available codes. A pop-up window will display.	
Select Gode to scaled of blowse available codes. A pop-up window will display.	
Do not type code into text field; use <u>Select Code</u> lookup.	
Clear Code to remove selection.	
3.D.3. Provide the business' Additional North American Industry Classification System (NAICS) n	umber Optional
Select Code to search or browse available codes. A pop-up window will display.	
Do not type code into text field; use <u>Select Code</u> lookup. <u>Clear Code</u> to remove selection.	
3.D.4. Provide the business' Additional North American Industry Classification System (NAICS) n	umber Optional
Select Code to search or browse available codes. A pop-up window will display.	
Do not type code into text field; use <u>Select Code</u> lookup. <u>Clear Code</u> to remove selection.	
3.D.5. Provide the business' Additional North American Industry Classification System (NAICS) n	umber Optional
Select Code to search or browse available codes. A pop-up window will display.	
Do not type code into text field; use <u>Select Code</u> lookup.	
<u>Clear Code</u> to remove selection.	
3.D.6. Provide the business' Additional North American Industry Classification System (NAICS) n	umber Optional
Select Code to search or browse available codes. A pop-up window will display.	
Do not type code into text field; use <u>Select Code</u> lookup. <u>Clear Code</u> to remove selection.	
3.D.7. Provide the business' Additional North American Industry Classification System (NAICS) n	umber Optional
Select Code to search or browse available codes. A pop-up window will display.	
Do not type code into text field; use <u>Select Code</u> lookup.	
Clear Code to remove selection.	out and
3.D.8. Provide the business' Additional North American Industry Classification System (NAICS) n Select Code to search or browse available codes. A pop-up window will display.	umber Optional
Select code to search of browse available codes. A pop-up window will display.	
Do not type code into text field; use <u>Select Code</u> lookup.	
Clear Code to remove selection.	
3.D.9. Provide the business' Additional North American Industry Classification System (NAICS) n	umber Optional

Do not type code into text field; u	se <u>Select Code</u> looki	up.	
<u>Clear Code</u> to remove selection.			
	Save Draft	Save & Return to Summary	Cancel

<u>Select Code</u> to search or browse available codes. A pop-up window will display.

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Certification Application: Business Operations

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Question Color Coding				
	Required & incomplete			
	Optional & incomplete			
	Complete			

* required entry

Section Questions

4.A. Identify those individuals responsible for managerial operations *

Required

1. Financial Decisions

Name	Title/Position	Ethnicity	Gender Ov	vner	
				O Yes	
				O Yes	

This is a "stretchy" table -- it will expand as you save lines. To add more lines, save page. To clear a line, delete data from all fields in the line and save page. If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

» Copy records in Section 1 to Sections 2-12 below. Any existing information will be overwritten.

2. Estimating

ſ	Name	Title/Position	Ethnicity	Gender O	wner
			¥	v	☐ Yes
			V		☐ Yes

This is a "stretchy" table -- it will expand as you save lines. To add more lines, save page. To clear a line, delete data from all fields in the line and save page. If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

3. Preparing Bids

Name	Title/Position	Ethnicity	Gender O	wner
		▼		O Yes
				☐ Yes

This is a "stretchy" table -- it will expand as you save lines. To add more lines, save page. To clear a line, delete data from all fields in the line and save page. If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4. Negotiating Bonding

Name	Title/Position	Ethnicity	Gender Owner
		•	☐ Yes
		▼	☐ Yes

This is a "stretchy" table -- it will expand as you save lines. To add more lines, save page. To clear a line, delete data from all fields in the line and save page. If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

5. Negotiating Insurance

Name	Title/Position	Ethnicity	Gender Owner
		V	□ Yes
			☐ Yes

This is a "stretchy" table -- it will expand as you save lines. <u>To add more lines, save page</u>. To clear a line, delete data from all fields in the line and <u>save page</u>. If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

6. Marketing & Sales

Name	Title/Position	Ethnicity	Gender O	wner
		V	Y	☐ Yes
		▼	٧	☐ Yes

This is a "stretchy" table -- it will expand as you save lines. <u>To add more lines, save page</u>. To clear a line, delete data from all fields in the line and <u>save page</u>. If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

7. Hiring & Firing

Name	Title/Position	Ethnicity	Gender	Owner
				☐ Yes

					▼ □ Yes		
	This is a "stretchy" table it will	expand as you save lines.	To add more lines, save page.	o clear a line, delete data from all		page. If the question shad	ling turns grey, the
				d when you submit the application			
8. Superv	vising Field Operations						
	Name	-	Title/Position	Ethnicity	Gender Owner		
					Yes O		
					☐ Yes		
	This is a "stretchy" table it will	expand as you save lines.	To add more lines, save page.	o clear a line, delete data from all	fields in the line and save	page. If the question shad	ling turns grey, the
	answer is complete. You can ign	ore any extra blank lines	they will be automatically remove	d when you submit the application	1.		
	asing Equipment/Supplies						
	Name		Title/Position	Ethnicity	Gender Owner		
					U Yes		
					Yes 🗆 Yes		
	This is a "stretchy" table it will	expand as you save lines.	To add more lines, save page.	o clear a line, delete data from al	fields in the line and save	page. If the question shad	ling turns grey, the
	answer is complete. You can ign	ore any extra blank lines	they will be automatically remove	d when you submit the application	1.		
	ging & Signing Payroll						
	Name		Title/Position	Ethnicity	Gender Owner		
					Yes		
					☐ Yes		
	This is a "stretchy" table it will	expand as you save lines.	To add more lines, save page.	o clear a line, delete data from al	fields in the line and save	page. If the question shad	ling turns grey, the
	· · · · · · · · · · · · · · · · · · ·	ore any extra blank lines	- they will be automatically remove	d when you submit the application	1.		
	tiating Contracts	-	Title (Decition	Polarista	Can day Carray		
	Name		Title/Position	Ethnicity	Gender Owner		
					U Yes		
					▼ □ Yes		
	This is a "stretchy" table it will	expand as you save lines.	To add more lines, save page.	o clear a line, delete data from al	fields in the line and save	page. If the question shad	ling turns grey, the
			they will be automatically remove	d when you submit the application	1.		
	tories for Business Accoun Name		Title/Position	Ethnicity	Gender Owner		
	Name		Hue/Position	Eclinicity			
					Yes U Yes		
					□ Yes		
				o clear a line, delete data from al		page. If the question shad	ling turns grey, the
				o clear a line, delete data from all		page. If the question shad	ling turns grey, the
	answer is complete. You can ign	ore any extra blank lines	- they will be automatically remove		1.		
ousiness	answer is complete. You can ign	ore any extra blank lines	they will be automatically remove other contract/purchase or	d when you submit the application	1.		
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ousiness If yes, ide	answer is complete. You can ign	ore any extra blank lines	they will be automatically remove other contract/purchase or	d when you submit the application	1.		
ousiness If yes, ide	answer is complete. You can ign	ore any extra blank lines	they will be automatically remove other contract/purchase or	d when you submit the application	1.		
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ousiness If yes, ide No Yes	answer is complete. You can ign currently involved in the ntify agency, and include th	ore any extra blank lines bidding process or one name and contact p	they will be automatically remove	d when you submit the application	n. governmental agenc		
business If yes, ide No Yes	currently involved in the ntify agency, and include the ntify agency and include the ntify agency are accounts.	ore any extra blank lines bidding process or one name and contact p	they will be automatically remove	d when you submit the application	n. governmental agenc		nority?* Required
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business f yes, ide No Yes	currently involved in the ntify agency, and include the ntify agency and include the ntify agency are accounts.	ore any extra blank lines bidding process or one name and contact p	they will be automatically remove	d when you submit the application	n. governmental agenc		nority?* Required
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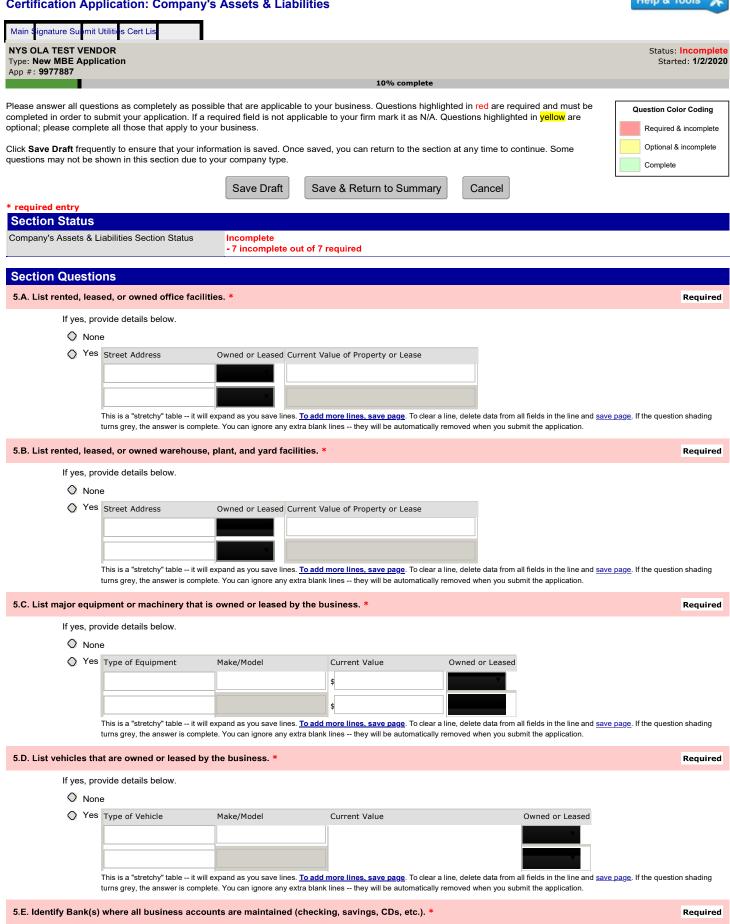
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		•	•	*				
4.E. Is the business	bonded? *							Required
If yes, pro	ovide details below.							
○ No I	oonding currently in place							
	Agent/Broker:			Address:		address		
	Contact Person:					city		
	Phone Number:				▼	state/zip		
	Priorie Number.			-				
	Bonding type:		Bir	nder Number:				
	Bonding limit - Aggregate:		Вс	onding Limit -	Project:			
4= 1 // 1 /								
4.F. Is the business	a Union Shop? *							Required
If yes, pro	ovide details below.							
○ No								
	Name of Union	l	ocal Number					
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Certification Application: Company's Assets & Liabilities

Name of Institution



Contact person

Type of Account

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		omplete. You can ignore any e	-		 - _					
5.F. Do you	ı have a liı	ne of credit? *								Required
	If yes, pro	vide details below.								
	O No lii	nes and/or letters of credi	t							
	Yes	Source	Limit	Name of	Guarantor(s)					
						1				
									15.1	
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		g y,				,	,			
5.G. Major	current cr	editors and/or lenders a	nd types of investmer	nts and/or	loans in the bus	iness. *				Required
	If yes, pro	vide details below.								
	○ None	e/No loans outstanding								
		Name of Creditor/Lender	Type of Investment Credit/Loan	of	iginal Dollar Value Investment/ rms/ Credit/ Loan	Current Balance	Name of Guarant	tor(s)	Purpose of Loan	
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Certification App	plication: Relationships	with othe	r Business	es			Help a roots
Main Signature Submit U	Utilities Cert List						
NYS OLA TEST VEND							Status: Incomplete
Type: New MBE Applic App #: 9977887	cation						Started: 1/2/2020
				10% c	omplete		
	tions as completely as possible that d field is not applicable to your firm						
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section due to your com	ently to ensure that your information npany type.	is saved. On	ce saved, you ca	in return to the section at an	y time to continue. So	ome questions may not be snow	Optional & incomplete
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Section Status			1.1.				
Relationships with othe	er Businesses Section Status	Incomp - 12 inc	piete complete out of	12 required			
Section Question	one						
		ant ar aunar	nicon, function	for any other business?			Parallare
-	ey personnel perform a managem	ient or super	visory function	for any other business?			Required
if yes, pro	ovide detail for each person.						
✓ No	Person	Title	1	Business Name	Function		
•							
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	can ignore any extra blank lines they v						
6.B. At present, or at	t any time in the past, has your b	usiness cons	sisted of a partn	ership in which one or mo	re of the partners ar	re other businesses? *	Required
If yes, pro	ovide details below.						
O No							
	Name of Business		Address		Type of Business		
	This is a "stretchy" table it will expand a can ignore any extra blank lines they v				ete data from all fields in t	the line and save page. If the question	n shading turns grey, the answer is complete. You
6.C. Do any principal	lls, officers and/or owners of the	husines ha	vo an affiliation	(a.g. business interest or a	omployment) with an	ov other business? *	Required
		business na	ve un unmuuon	(e.g. business interest of t	improyment, with un	iy caller business.	пеципси
if yes, cor	mplete the following.						
_	Name of Person	Firm Name		Firm Address		Nature of Business	Nature of Affiliation
	This is a "stretchy" table it will expand a	as you save lines	s. To add more line	s, save page. To clear a line, dele	ete data from all fields in t	he line and <u>save page</u> . If the question	n shading turns grey, the answer is complete. You
	can ignore any extra blank lines they v						
6.D. At present, or at	t any time in the past, has your b	usiness beer	n a subsidiary o	f any other business? *			Required
If yes, pro	ovide detail below.						
◇ No							
	Name of Business		Address		Type of Business		
	This is a "stretchy" table it will expand a can ignore any extra blank lines they w				ete data from all fields in t	he line and <u>save page</u> . If the question	n shading turns grey, the answer is complete. You
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6.E. At present, or at	t any time in the past, has your b	usiness own	ed any percenta	age of any other business	*		Required
• •	ovide details below.						
◇ No							
	Name of Business		Address		Type of Business		
	Name of Business		Address		Type of Business		
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◇ Yes	This is a "stretchy" table it will expand a	vill be automatio	s. <u>To add more line</u> ally removed when	you submit the application.			n shading turns grey, the answer is complete. You Required
♦ Yes 6.F. At present, or at	This is a "stretchy" table it will expand a can ignore any extra blank lines they v	vill be automatio	s. <u>To add more line</u> ally removed when	you submit the application.			
♦ Yes 6.F. At present, or at	This is a "stretchy" table it will expand a can ignore any extra blank lines they v	vill be automatio	s. <u>To add more line</u> ally removed when	you submit the application.			

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Cancel

Save Draft



· ·	Certification Application	on: Outside	Consultants				Help & Tools
Type: New MBE Application App. #: 3977887 10% complete Please answer all questions as completely as possible that are applicable to your business. Questions highlighted in red are equired and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as VA. Questions highlighted in place are optional; please complete all three that apply to your business. All provides the place of the pl	Main Signature Submit Utilities C	ert List					
Please answer all questions as completely as possible that are applicable to your business. Questions highlighted in red are expulsed and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as WA. Questions highlighted in red are expulsed and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as WA. Questions highlighted in red are expulsed and the point of the poly to your business. Questions that your information is saved. Once saved, you can return to the section at any time or continue. Some questions may not be shown in this section due to your company type. Save Draft Save & Return to Summary Cancel Save Draft Save & Return to Summary Cancel Save Draft Save & Return to Summary Cancel If yes, provide entry Section Questions If yes, provide featals below. Provider is: Firm: Contact Person: Phone Number: Email: None used 7.B. Attorney for business * Required 7.C. Consultants for business * Required 1.This is a 'streichy 'table — a will expand an your save lines is large, any age apped — of closer a line, deletie date from all fields in the line and save apped in the possible in the save recompiler. You can ignore any entro bank lines — they will be advantablely femoned when your submit	NYS OLA TEST VENDOR Type: New MBE Application App. # : 9977887						
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Contact Person: Phone Number: Email: None used 7.B. Attorney for business * Required If yes, provide details below. Provider is: Firm: Contact Person: Phone Number: Email: None used 7.C. Consultants for business * Required If yes, provide details below. No No Yes Firm Name Person Nature of Business Relationship This is a "stretchy" table — it will expand as you save lines, save page. To clear a line, delete data from all fields in the line and save page. If the question shading turns grey, the answer is complete. You can ignore any extra blank lines — they will be automatically removed when you submit	• •	ails below.					
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Main Signature Submit Utilitie s Cert Li **NYS OLA TEST VENDOR** Status: Incomplete Type: New MBE Application Started: 1/2/2020 App #: 9977887 10% complete Please answer all questions as completely as possible that are applicable to your business. Questions highlighted in red **Question Color Coding** are required and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as N/A. Questions highlighted in vellow are optional; please complete all those that apply to your business. Required & incomplete Click Save Draft frequently to ensure that your information is saved. Once saved, you can return to the section at any time Optional & incomplete to continue. Some questions may not be shown in this section due to your company type. Complete Save & Return to Summary Cancel Save Draft * required entry **Section Status** Other Certifications Section Status - 1 incomplete out of 1 required **Section Questions** 8.A. Has the business applied for certification as an MWBE with another governmental agency, department or authority? * Required If yes, provide details below for each application. Yes Agency & Contact Certification Pending Appeal? (& Type of Action Date of Action Type Date) (Optional field, enter Agency only if applicable) Person (mm/dd/yyyy) Phone (mm/dd/yyyy) (Optional field, enter Agency only if applicable) Person (mm/dd/yyyy) Phone (mm/dd/yyyy) This is a "stretchy" table -- it will expand as you save lines. To add more lines, save page. To clear a line, delete data from all fields in the line and save page. If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application. O No

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